Case 21-16804-SLM Doc 24 Filed 02/08/22 Entered 02/08/22 12:03:47 Desc Main Document Page 1 of 5

| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|------------------------|-----------|--|
| Debtor 1 | Rocco Castellano |) | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Barbara Castellar | 10 | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | Sankruptcy Court for the: | DISTRICT OF NEW JERSEY | , | |
| Case number | 21-16804 | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

| info | es complete and accurate as possible. If two married people are filing together, both are equally responsible for rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
|------|---|--------------|--------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 230,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 9,617.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 239,617.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 147,864.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 0.00 |
| | Your total liabilities | \$ | 147,864.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,645.12 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,081.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | box and s | ubmit this form to |

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Debtor 1 Rocco Castellano
Debtor 2 Barbara Castellano

Case number (if known) 21-16804

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,491.04

One Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | | Document | Page 3 of 5 | | |
|------------------------|---|--|--------------------------------------|---|--------------------|-------------------------|
| Fill i | n this inforn | nation to identify your case: | | | | |
| Deb | tor 1 | Rocco Castellano | | | | |
| 200 | .0. 1 | | iddle Name | Last Name | | |
| Deb | tor 2 | Barbara Castellano | | | | |
| (Spou | se if, filing) | First Name M | iddle Name | Last Name | | |
| Unite | ed States Bar | nkruptcy Court for the: DISTR | ICT OF NEW JERSEY | <u>′</u> | | |
| Case | e number 2 | 21-16804 | | | | |
| (if kno | | | | | ■ C | heck if this is an |
| | | | | | ar | mended filing |
| | | 1 106E/F | eve Umaaavuus | d Claima | | 40/45 |
| | | /F: Creditors Who Ha | | ITY claims and Part 2 for creditors with NO | | 12/15 |
| eft. A name Part | ttach the Con and case nun 1: List Al | | have no information to r I Claims | s needed, copy the Part you need, fill it out eport in a Part, do not file that Part. On the | | |
| | No. Go to P | , , | agamst you: | | | |
| | | an 2. | | | | |
| | ☐ Yes. | | | | | |
| Part | 2: List Al | I of Your NONPRIORITY Unsec | cured Claims | | | |
| 3. [| Oo any credito | ors have nonpriority unsecured clai | ms against you? | | | |
| I | ☐ No. You hav | ve nothing to report in this part. Subm | it this form to the court wit | th your other schedules. | | |
| ١ | Yes. | | | | | |
| t | insecured clair | n, list the creditor separately for each | claim. For each claim list | the creditor who holds each claim. If a cred ed, identify what type of claim it is. Do not list of a have more than three nonpriority unsecured | laims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | | ity Hospital | Last 4 digits of ac | ccount number | | \$0.00 |
| | 150 Ber | Creditor's Name gen Street , NJ 07103 | When was the de | bt incurred? | | |
| | | treet City State Zip Code | As of the date yo | u file, the claim is: Check all that apply | | |
| | Who incu | rred the debt? Check one. | | | | |
| | ☐ Debtor | 1 only | ☐ Contingent | | | |
| | Debtor | 2 only | ☐ Unliquidated | | | |
| | □ Debtor | 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At leas | t one of the debtors and another | <u></u> | DRITY unsecured claim: | | |
| | | if this claim is for a community | Student loans | | | |
| | debt Is the clai | m subject to offset? | Obligations aris | sing out of a separation agreement or divorce tail | that you did not | |
| | ■ No | • | | on or profit-sharing plans, and other similar del | bts | |
| | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Other. Specify responsibility

medical bill

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ Yes

debtor's medical insurance provider advises there is no outstanding patient

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Debtor 1 Rocco Castellano

Debtor 2 Barbara Castellano Case number (if known) 21-16804

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Te | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | To | otal Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 0.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 0.00 |

| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|------------------------|-----------|--|
| Debtor 1 | Rocco Castellano |) | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Barbara Castellar | no | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | 21-16804 | | | |
| (if known) | | | | |
| | | | | |

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | |
|------|--|---|
| Dic | d you pay or agree to pay someone who is No | T an attorney to help you fill out bankruptcy forms? |
| | No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | | |
| that | t they are true and correct. /s/ Rocco Castellano | d the summary and schedules filed with this declaration and X _/s/ Barbara Castellano |
| that | t they are true and correct. | · |